Health, Welfare Public Service

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FILED NOV 15 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35098 STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 164

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION Memorial Hospital — Length of stay in 1b 8 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cass
c. CITY OR TOWN 1/4 mile West of Harrisonville — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) 0 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First WILLIAM Middle — Last KNAPP

4. DATE OF DEATH Month Nov. Day 6 Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Apr 19 1887

9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salvage Dealer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Wise City Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Knapp

13b. MOTHER'S MAIDEN NAME Lillie B. Hawley

14. NAME OF HUSBAND OR WIFE Hattie Knapp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 493-22-3871

17. INFORMANT Lloyd D. Knapp Address 11 Cedarmere Rd Owings Mills

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CEREBRAL ARTERIOSCLEROSIS — unknown
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NO 331X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 29 Oct. 1957 to Nov. 6 1957 and last saw her/him alive on Nov. 5 1957
Death occurred at 12 - Am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. D. Barger M.D.

22b. ADDRESS Harrisonville Mo

22c. DATE SIGNED 7 Nov. 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Nov. 8-1957

23c. NAME OF CEMETERY OR CREMATORY Orient Cemetery

23d. LOCATION (City, town, or county) Harrisonville (State) Mo.

24. FUNERAL DIRECTOR Runnion Bros ADDRESS Harrisonville Mo

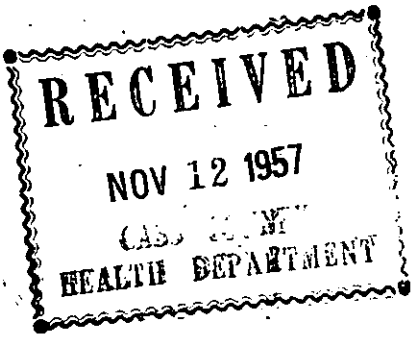
25. DATE RECD. BY LOCAL REG. Nov. 8 1957

26. REGISTRAR'S SIGNATURE Dora Barnard

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed James R. Phillips

Licensed Embalmer No. 4641

P. O. Address Harrisonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.